

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

W. A. WATKINS PRINTING CO., PHOENIX

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.*

Place of Birth

Joseph City

No.

St.

SEX OF CHILD*

male

Twin
or other?

1

{and}

Number
in order
of birth

6th

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH*

10th

29

1925

(Month)

(Day)

(Year)

FULL*
NAME

FATHER

John H. Miller

(Give name in full)

(Surname)

FULL*
MAIDEN
NAME

MOTHER

Clara Elmina Hansen

(Signature)

Mrs. John H. Miller

Lorana F. Richards L. Reg

(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

349-1029-385

DECEASED

DOB: 09/20/98

SSN: 98-027122

12-14-85 7713 1X